



**Senate Bill No. 988**

**Public Act No. 15-47**

**AN ACT UPDATING THE OCCUPATIONAL HEALTH CLINICS STATUTES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Section 31-396 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

As used in sections 31-396 to 31-403, inclusive:

(1) "Occupational disease" means any disease which is peculiar to an occupation, or related to an occupation, in which an employee was or is engaged and which is due to causes, in excess of the ordinary hazards of employment which are attributable to such occupation, and includes, but is not limited to, (A) any disease due to or attributable to exposure to or contact with any radioactive material by an employee in the course of his employment, (B) poisoning from lead, phosphorus, arsenic, brass, wood alcohol or mercury or their compounds or from anthrax or compressed air illness, (C) chronic diseases affecting organ systems, including, but not limited to, the cardiovascular and musculoskeletal systems, and [(C)] (D) any other diseases, contracted as a result of the employment of a person, which is due to toxic or hazardous chemicals, materials, gases or other substances identified by the United States Department of Labor pursuant to occupational safety

**Senate Bill No. 988**

and health standards contained in 29 CFR Chapter XVII, as from time to time amended.

(2) "Occupational health clinic" means any public or nonprofit medical facility [providing] that: (A) Provides diagnosis, treatment and preventative services for patients with occupational diseases, [which] (B) provides public, professional and clinical outreach and training programs regarding such diseases, and (C) is licensed by the state for such purposes. These services shall include, but shall not be limited to outpatient care, medical surveillance, data collection, and the assessment of work place exposure.

(3) "Auxiliary occupational health clinic" means any general hospital, or any other medical facility which is approved by the Labor Commissioner in accordance with regulations adopted pursuant to section 31-401, which operates a corporate medicine program or an employee wellness program which includes any of the following: [(1)] (A) Routine commercial activities, such as preemployment examinations, [(2)] (B) mandated examinations, such as Federal Occupational Safety and Health Administration examinations, [(3)] (C) routine workers' compensation cases, [(4)] (D) routine medical evaluations involving establishment of product liability, [(5)] (E) evaluations consigned to independent medical examiners, [(6)] (F) employee physical programs, [(7)] (G) employee wellness programs, or [(8)] (H) employee drug testing programs.

(4) "Occupational physician" means any doctor licensed to practice medicine in the state [and found to be qualified to practice] who has been certified or found eligible for certification in occupational medicine by the American Board of Preventive Medicine.

(5) "Surveillance" means the detection by epidemiologic means of disease states or significant laboratory abnormalities. Surveillance activities may involve the interpretation of existing data or the active

**Senate Bill No. 988**

pursuit of new data and disease associations, provided surveillance activities shall not include preemployment related physicals, insurance examinations or other data collection activities of a purely commercial nature, may incorporate the experience of other states, particularly those in the northeast, and may include technical support available through the National Institute for Occupational Safety and Health.

Sec. 2. Section 31-397 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2015*):

(a) The Labor Commissioner, in consultation with the Commissioner of Public Health, shall encourage the development of occupational health clinics by making grants-in-aid to public and nonprofit organizations. Such grants-in-aid shall be used to facilitate the development and operation of such clinics, including, but not limited to, preproject development, site acquisition, development, improvement and operating expenses. Such [grant-in-aid] grants-in-aid may be used for activities involved in occupational disease evaluation, treatment and prevention, particularly when such activities are not compensated by other sources. Priority for such grants-in-aid may be given to organizations providing services for working age populations, including, but not limited to, migrant and contingent workers, where health disparities or work structure interfere with the provision of occupational health care services. Such grants-in-aid shall not be used to compensate any occupational health clinic for any activities [which could be included in a corporate medicine or employee wellness program, as defined in subdivision (3) of section 31-396] that utilize commercial services or involve grants or contracts received from an outside party. The commissioner shall consult with the Occupational Health Clinics Advisory Board prior to making any such grant. For purposes of this subsection, "contingent worker" means an individual whose employment is of a temporary and sporadic nature and may include, but not be limited to, an agricultural worker,

**Senate Bill No. 988**

an independent contractor, as defined in section 36a-485, or a day or temporary worker, as defined in section 31-57r.

(b) For an organization to qualify for a grant-in-aid under sections 31-396 to 31-403, inclusive, as amended by this act, the occupational health clinic to be operated shall meet all of the following criteria: (1) Clinical directorship by a board certified or board eligible occupational health physician; (2) membership in, application to or plans for application to the Association of Occupational and Environmental Clinics; (3) availability of industrial hygiene or related services; (4) current involvement in or willingness to assist in the training of occupational health professionals; (5) capability to comply with the surveillance requirements and recommendations outlined in the report on Occupational Disease in Connecticut of 1989; (6) agreement to work with the Department of Public Health and the Labor Department to reduce the burden of occupational disease; (7) provision of assistance and medical consultative services to Connecticut OSHA; (8) cooperation with the Department of Public Health, Labor Department, Workers' Compensation Commission and state Insurance Commissioner to transfer granted occupational medicine costs to appropriate insurance and other private funding mechanisms; (9) agreement to attempt to educate medical professionals on use of the surveillance system; (10) agreement to compile and report surveillance data; and (11) cooperation with the Department of Public Health, Labor Department, Workers' Compensation Commission and state Insurance Commissioner to carry out the purposes of sections 31-396 to 31-403, inclusive, as amended by this act.

Approved June 5, 2015